

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 **DOCUMENT # 714991**

1. Corporation Name

UNITED METHODIST RETIREMENT CENTER OF TAMPA, INC

Princip:	al P	lace	of	Business
400 E.	HA	RRISC	N	ST
TAMBA	Ci	2200	2.2	RAA

21

22

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

400 E. HARRISON ST TAMPA FL 33602-3444

2a. Mailing Address

Suite, Apt. #, etc.

26

27

## **FILED** Feb 23, 1999 8:00 am § Secretary of State

02-23-1999 90023 014 \*\*\*\*61.25

100106 90023 14

Applied For

Not Applicable



3. Date Incorporated or Qualifed

07/23/1968

59-1229023

FEI Number

City & State	•	City & State	City & State			5. Certifcate of Status Desired	□ \$8./5 Additional		
3		28						Fee Required	
Zip	Country	Zip	Zip Country			6. Election Campaign Financing		\$5.0	<b>0</b> мау Ве
14	25	29				Trust Fund Contribution		Adde	d to Fees
	9. Name and Address of Current	Registered Agent		$\downarrow$		10. Name and Address of New Re	gistered .	Agent	
				81	Name				
TRAYNER,	.811			82	Street A	Address (P.O. Box Number is Not Acceptab	le)		
,	ORIDA AVE.			["	Garage				
TAMPA FL				83					
TAME A LE	30002			84	City			85 Z	p Code
				04	City		FL		b code
office or re	to the provisions of Sections 617.0502 egistered agent, or both, in the State on familiar with, and accept the obligation	f Florida. Such change	was authoriz	ea bv	the corpo	corporation submits this statement for the pration's board of directors. I hereby accept	urpose of the appoi	changing ntment as	its registered registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if apolicable.	(NOTE: Register	ed Agen	t signature re	quired when reinstating)	DATE		<del></del>
12.	OFFICERS AND		13			ADDITIONS/CHANGES TO OFF	CERS AN	D DIREC	TORS IN 12
TITLE	D	X DEL	ETE 1.1	TITLE		Pircetor		☐ Chang	ge 🔀 Addition
NAME	WINTER, LEE		1.2	NAME		Roy Behnke			
	6717 MAYBOLE PLACE		1.3	STREET	ADDRESS	Roy Behnke Sill Rolling Hill 4.			
	TAMPA FL		1.4	CITY-ST	r-23P	Tampa Fl. 33617			
<del></del>	D	<b>X</b> DEL	ETE 2.1	TITLE		Jampa Fl. 33617		Chang	e XAddition
NAME	TOTTEN. TIM	•	2.2	NAME		Earl Ware			
	3407 DORCHESTER ST.		2.3	STREET	ADDRESS	1600 S. MacDill Ave.			<u> </u>
;	TAMPA FL		2. 4	CITY-S	T-ZIP	Tampe Fl. 33629			
****	D	DEL	ETE 3.1	TILE		Director		Chang	ge 🔀 Addition
NAME Í	FLANAGAN, PATRICK	•	3.2	NAME		Dale Roberts			
STREET ADDRESS	10519 CARROLLVIEW DR.		3.3	STREET	ADDRESS	2055 Bearss Ave. W.			
I	TAMPA FL		3.4	CITY-S	T-ZIP	Tampa, F1. 33618			
	D	☐ DEL	ETE 4.1	TILE		Oractor		☐ Chang	e 🔀 Addition
NAME	TRAYNER, JILL		4. 2	NAME	ı	Caroline Moore			
I .	400 E HARRISON ST		4.3	STREET	ADDRESS	1520 Sanibel Cir. S.			
	TAMPA FL 33602		4.4	CITY-S1	r-ZIP	Temple Terrace F1 3345	<b>1</b> γ		
TITLE		DEL	ETE 5.1	TITLE				Chang	ge Addition
NAME			5.2	NAME					
STREET ADDRESS			5.3	STREET	ADDRESS				
CITY-ST-ZIP			5.4	CITY-S	r-zip				
TITLE		□ DEL	ETE 6.1	TILE				☐ Chang	ge Addition
NAME			6.2	NAME					
STREET ADDRESS			6.3	STREET	ADDRESS				
- 1									
CITY-ST-ZIP				CITY-S'		in Section 119.07(3)(i), Florida Statutes.			

indicated on this armusi report of supplemental annual report is true and accurate and that my signature shall have the same regardenest as it made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

813 229-2791